# NIL 0000 11235

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(Document Number)
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TO: Amendment Section **Division of Corporations** 

Southwest Florida Harmony Chamber of Commerce SUBJECT

Name of Corporation

## DOCUMENT NUMBER: N16000011235

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

### Arlene Goldberg

Name of Contact Person

Southwest Florida Harmony Chamber of Commerce

Firm/Company

PO Box 2094

Address

#### Fort Myers, Florida 33902

City/State and Zip Code

#### agoldberg32@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arlene Goldberg

Name of Contact Person

at (239)898-6124 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

#### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

• •

I. The name of	he corporation: Southwest Florida	Harmony Chamber of Commerce	
2. The principal	office address: 2500 Edwards Dri	ve	
	Fort Myers, Florid	a 33901	
3. The mailing a	ddress (if different): PO Box 2094		
	Fort Myers, Flo	orida 33902-2094	<del></del>
4. Date of incor	poration/qualification: 11/21/2016	Document number: N16000011235	
	I street address of the current registered ag treet of State: (If resigned, enter resigned)		
	Ronald E. Penn		
	Resigned		20
		······	) 616Z
			:
6. The name and (if changed):	l street address of the new registered agent	(if changed) and /or registered office	8 PF
	Arlene Goldberg		ام
	2500 Edwards Drive Apt 908		41 :- [4
	Fort Myers, Florida 33901	ссертаНе	
The street addreas changed will	ess of its registered office and the street as be identical.	ddress of the business office of its registered age	nt,
Such change w authorized by th	is authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by an officer so field in writing of the change.	
	· · · · · · · · · · · · · · · · · · ·	Susan Christiano; President	_
•	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all statut my duties, and I am familiar with and ac is document is being filed perely to reflec that the corporation has been notified in	agree to act in this capacity. es relative to the proper and complete cept the obligation of my position as registered ct a change in the registered office address, I writing of this change.	
ader	Malapep 1	October 22, 2019	
Sig	nature of Registered Agent	Date	-
If signing on bo	half of an entity:		
Arlene Gol	dberg		
Т	sped or Printed Name	635 00 A A A	
	* * * FILING FEE		
M CR2E045 (03/12)	MAKE CHECKS PAYABLE TO FLOR ail to: Division of Corporations, P.O		